ARIZONA STATE BOARD OF HEALTH BURAND FITH CATE OF DEATH BUREAU OF VITAL STATISTICS  1. Place of Death: (a) County.  (d) Length of Stay: In Hospital or Institution. In home in Community.  (d) Length of Stay: In Hospital or Institution. In home in Community.  (e) Location.  (f) Location.  (g)
RUREAU OF THE CENSUS  1. Place of Death: (a) County  1. Place of Death: (a) County  (if outside city limits also write RURAL)  (ii) Length of Stay: In Hospital or Institution. 1n home  (iii) Length of Stay: In Hospital or Institution. 1n home  (iii) Length of Stay: In Hospital or Institution. 1n home  (iii) Length of Stay: In Hospital or Institution. 1n home  (iii) Length of Stay: In Hospital or Institution. 1n home  (iii) Length of Stay: In Hospital or Institution. 1n home  (iii) Length of Stay: In Hospital or Institution. 1n home  (iii) Length of Stay: In Hospital or Institution. 1n home  (iii) Length of Stay: In Hospital or Institution. 1n home  (iii) London or day:  (iv) Ordorn Rural
(d) Length of Stay: In Hospital or Institution in home in Community Parties in Country Parties in Community Parties Pa
(d) Length of Stay: In Hospital or Institution in home in Community Parties in Country Parties in Community Parties Pa
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (it outside city limits also write RURAL)  (d) Street No. Fort Apache Reservation  3. (a) FULL NAME Anna Rose  (b) If veteran name war. (c) Social (it NoNE write the word)  4. Sex Fe. 4/4 Apache Indian's divorced Vid.  6. (b) Name of husband or wife or wife it alive yrs.  7. Birthdate of deceased October 10, 1884 (it shows or county)  8. AGE: Years Months Days If less than one day 58 6 11 hrs. min.  9. Birthglace Fort Apache Reservation (City, town or county) (State or Country)  10. Usual Occupation housekeeper with home  11. Industry or Business Own home  12. Name Unknown (City, town or county) (State or Country)  13. Birthplace (City, town or county) (State or Country)  14. Maiden Name Unknown (City, town or county) (State or Country)  15. (a) Informant's own signature. Charles Foster  (b) County Gila (wide city limits also write RURAL)  (c) Social (c) Young in U. S. A. yrs. (c) Social (in U
(d) Street No. Fort Apache Reservation  8. (a) FULL NAME Anna Rose  (b) H veteran name war.  (c) Sodal name war.  (c) Sodal name war.  (d) Street No. Fe. U/4 Apache I foliafir divorced Wid.  (e) Old Name of husband or wife down or wife if alive yrs.  (fil None write the word)  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  April 22 19 43 .  TIME (Hour and minute) D. M.  20. DATE OF DEATH (Month, day and year) April 22 19 43 .  TIME (Hour and minute) D. M.  April 22 19 43 to 19 19 .  (and the provided of deceased like on the state of the state
3. (a) FULL NAME Anna Bose  (b) II veteran name war.  (c) Sodal Neurity No. Seurity No. Se
3. (a) FULL NAME Anna Bose    Anna Bose   Anna Bose   Anna Bose   Anna Bose   Anna Bose   Anna Bose   Anna Bose   Anna Bose
4. Sex Fe. 4/4 Apache I hdiaff divorced Wid.  6. (b) Name of husband or wife if alive yrs.  7. Birthdate of decased October 10, 1884 (Month) (Day) (Year)  8. AGE: Years Months Days If less than one day his min.  9. Birthglace Fort Apache Reservation (Gity, town or county) (State or Country)  10. Usual Occupation housekeeper (City, town or county) (State or Country)  11. Industry or Business Own home Due to.  12. Name Arizona (City, town or county) (State or Country)  13. Birthplace Arizona (City, town or county) (State or Country)  14. Maiden Name Unknown (City, town or county) (State or Country)  15. (a) Informant's own signature Charles Foster  16. (a) Informant's own signature Charles Foster  MEDICAL CERTIFICATION  April 22 , 19 43 . to
Fe. 4/4 Apache I hdien avorced wid.  6. (c) Age of husband or wife or wife or wife if alive yrs.  7. Birthdate of deceased October 10, 1884 April 22 19 43.  8. AGE: Years Months Days If less than one day hrs.  9. Birthdace Fort Apache Reservation (City, town or county) (State or Country)  10. Usual Occupation housekeeper  11. Industry or Business Own home  12. Name Unknown  13. Birthplace Arizona  14. Maiden Name Unknown  15. Birthplace Arizona  16. (c) Age of husband or wife, if alive yrs.  17. Industry or Business Own home  18. AGE: Years Months Days If less than one day hrs.  19. Birthdace of deceased (Month, day and year) April 22 19 43.  19. Industry on the deceased Months Days If less than one day hrs.  10. Usual Occupation City, town or county) (State or Country)  10. Usual Occupation Housekeeper  11. Industry or Business Own home  12. Name Unknown  13. Birthplace Arizona  14. Maiden Name Unknown  15. (City, town or county) (State or Country)  16. (a) Informant's own signature Charles Foster  17. Date (Month, day and year)  April 22 19 43.  18. Inferior diction City (Month, day and year)  19. Inferior dictions (Month, day and year)  11. Inferior dictions (Month, day and year)  12. Inferior dictions (Month, day and year)  13. Inferior dictions (Month, day and year)  14. Maiden Name (Month, day and year)  15. Inferior dictions (Month, day and y
or wife of missand or wife in alive or wife, if alive yes.  7. Birthdate of deceased October 10, 1884  (Month) (Day) (Year)  8. AGE: Years Months Days If less than one day 55 6 11 hrs. min.  9. Birthdate of Tort Apache Reservation (City, town or county) (State or Country)  10. Usual Occupation housekeeper  11. Industry or Business Own home  12. Name Unknown (City, town or county) (State or Country)  13. Birthplace (City, town or county) (State or Country)  14. Maiden Name Unknown (City, town or county) (State or Country)  15. Birthplace (City, town or county) (State or Country)  16. (a) Informant's own signature Charles Foster  TIME (Hour and minute) D. M.  April 22 , 19 43 to 19 . 19 . ;  that I last saw h. C. alive on April 22
7. Birthdate of deceased October 10, 1884  (Month) (Day) (Year)  8. AGE; Years Months Days If less than one day hrs. min.  9. Birthplace Fort Apache Reservation (City, town or county) (State or Country)  10. Usual Occupation housekeeper  11. Industry or Business Own home  12. Name Unknown Arizons  13. Birthplace (City, town or county) (State or Country)  14. Maiden Name Unknown  15. Birthplace (City, town or county) (State or Country)  16. (a) Informant's own signature. Charles Foster  21. I hereby certify that I attended the deceased Ext On April 22 19 43 to 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birthdate of deceased (Month) (Day) (Year)  E. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace Fort Apache Reservation (City, town or county) (State or Country)  10. Usual Occupation housekeeper with decomposastion.  11. Industry or Business Own home  12. Name Unknown (City, town or county) (State or Country)  13. Birthplace Arizons (City, town or county) (State or Country)  14. Maiden Name Unknown (City, town or county) (State or Country)  15. Birthplace Arizons (City, town or county) (State or Country)  16. (a) Informant's own signature Charles Foster  April 22 , 19 43 to
Second
9. Birthplace Fort Apache Reservation (City, town or county) (State or Country)  10. Usual Occupation housekeeper 11. Industry or Business Own home  12. Name Unknown 13. Birthplace (City, town or county) (State or Country)  14. Maiden Name Unknown 15. Birthplace (City, town or county) (State or Country)  16. (a) Informant's own signature Charles Foster  and that death occurred on the date and hour stated above.  Immediate cause of death.  Cardiac disease, myocarditis, chronic, with decomposities, chronic, unknown  Unknown  Unknown  Other conditions (Include pregnancy within 3 months of death)  Major findings: Of operations  Of operations  Of operations  Of operations
9. Birthplace
10. Usual Occupation housekeeper with decomposation.  11. Industry or Business Own home  12. Name Unknown  13. Birthplace (City, town or county) (State or Country)  14. Maiden Name Unknown  15. Birthplace (City, town or county) (State or Country)  16. (a) Informant's own signature Charles Foster  Unknown  Other conditions (Include pregnancy within 3 months of death)  Major findings: Of operations  Of operations  Of operations  Of operations  Of operations  Of operations
Due to    12. Name
12 Name   Unknown   Due to   Due to
Signature   Charles Foster   Country   City   Cit
Signature   Charles Foster   Country   City   Cit
Other conditions (Include pregnancy within 3 months of death)  Major findings: Of operations
[Include pregnancy within 3 months of death)    Continue
(Gity, town or county) (State or Country)  Underline the cause to which death should
16. (a) Informant's own signature. Charles Foster
16. (a) Informant's own signature.
(b) Address "11VG1, X12,
17. (a) Burial, Cremation or Removal Burial 22. If death was due to external causes, fill in the following:
(b) Place Carriag, Ariz (c) Date Apr. 23.19 43 (a) Accident, suicide or homicide (specify).
18. (a) Embalmer's Signature (c) Where did injury occur?
(b) Funeral Director (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial piace, in
Specify type of place) .
19. (a) April 24, 1943 (Date received local Registrar)  While at work? (a) Means of injury
23. Signature
(Registrar's Signature)  Address hiteriver Ariz Date signed 1/24/1/3